APPLICATION FOR MEMBERSHIP

AMVETS LADIES AUXILIARY

REQUIRED MEMBERSHIP DOCUMENT

Attach a copy of the relative's DD-214 that qualifies you for membership.
This copy is required and can be returned upon request.

Date

Auxiliary No.

Auxiliary city

State

Name

Date of birth

Email

Phone

Street address

City

State

ZIP code

Name of AMVET relative

Post

Relationship (select the applicable box):

- ☐ Mother
- ☐ Wife
- ☐ Widow
- ☐ Sister
- ☐ Daughter
- ☐ Step-daughter
- ☐ Granddaughter
- ☐ Grandmother
- ☐ Female Veteran

Introduced by Auxiliary member

Signature of applicant

AUXILIARY USE

Verified by AMVETS Membership Chairman

Accepted by Auxiliary Membership Chairman

ANNUAL DUES RECEIPT

Received of

Amount ($)

Dues year

Address

Signed by

Receipt applies to the Auxiliary number, city, and state entered above.